

ISSUE SLIP STAPLE AREA (for additional cross references)

	INITIALS	ID NO.	DATE
	LA		06-19
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	9/2	858	12-10-01
RESPONSE FORMALITY REVIEW	SK	858	10/28/01

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☒ Restricted

☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ D Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

10-25-01
R.E.